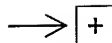


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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 5457-10

First Named Inventor Somnath Mukherjee

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"LOSSY LINEARIZERS FOR ANALOG OPTICAL TRANSMITTERS"

the specification of which (Title of the Invention)

x is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

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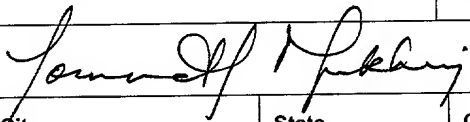
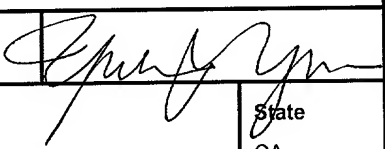
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label				OR <input checked="" type="checkbox"/> Correspondence address below	
Name		Law Office of John Schipper			
Address		111 N. Market Street			
Address		Suite 808			
City		State		ZIP	
San Jose		California		95113	
Country		Telephone		Fax	
U.S.		(408) 293-9934		(408) 293-2183	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name			
Somnath		Mukherjee		or Surname	
Inventor's Signature				Date	
				10/30/01	
Residence: City		State		Country	
Milpitas		CA		U.S.A.	
Residence: City		State		Country	
Milpitas		CA		U.S.A.	
Mailing Address 406 Sandhurst Drive					
Mailing Address					
City		State		ZIP	
Milpitas		CA		95035	
City		State		Country	
Milpitas		CA		U.S.A.	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name			
Yahsing		Yang		YUAN	
Given Name		Family Name		or Surname	
Yahsing		Yang		YUAN	
Inventor's Signature				Date	
				10/31/2001	
Residence: City		State		Country	
San Jose		CA		U.S.A.	
Residence: City		State		Country	
San Jose		CA		U.S.A.	
Mailing Address 5851 Santa Teresa Blvd.					
Mailing Address					
City		State		ZIP	
San Jose		CA		95123	
City		State		Country	
San Jose		CA		U.S.A.	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Mridul K.		Pal	
Inventor's Signature <i>Mridul Kumar Pal.</i>		Date <i>11-05-01</i>	
Residence: City	Santa Clara	State	CA
		Country	U.S.A.
Citizenship India			
Mailing Address 2420 Pacific Drive No 20			
Mailing Address			
City	Santa Clara	State	CA
		ZIP	95951
		Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	

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MUKHERJEE, ET AL.	Application Number	N/A
	Filing Date	Herewith
	First Named Inventor	Somnath Mukherjee
	Group Art Unit	N/A
	Examiner Name	N/A
	Attorney Docket Number	5457-10

I hereby appoint:

☐ Practitioners at Customer Number
OR

☒ Practitioner(s) named below:

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Name	Registration Number
John F. Schipper	26,994

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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OR

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Address	111 N. Market Street				
Address	Suite 808				
City	San Jose	State	California	ZIP	95113
Country	U.S.A.				
Telephone	(408) 293-9934	Fax	(408) 293-2183		

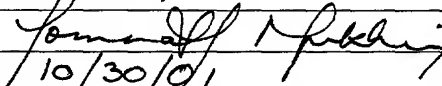
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Somnath Mukherjee
Signature	
Date	10/30/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of **THREE** forms are submitted.

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MUKHERJEE, ET AL.	Application Number	N/A
	Filing Date	Herewith
	First Named Inventor	Somnath Mukherjee
	Group Art Unit	N/A
	Examiner Name	N/A
	Attorney Docket Number	5457-10

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
John F. Schipper	26,994

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<input checked="" type="checkbox"/> Firm or Individual Name	LAW OFFICE OF JOHN SCHIPPER				
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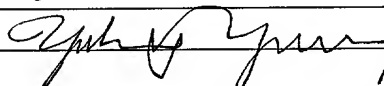
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Yahsing Yuan
Signature	
Date	10/31/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of THREE forms are submitted.

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	Filing Date	Herewith
	First Named Inventor	Somnath Mukherjee
	Group Art Unit	N/A
	Examiner Name	N/A
	Attorney Docket Number	5457-10

I hereby appoint:

☐ Practitioners at Customer Number

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☒ Practitioner(s) named below:

Name	Registration Number
John F. Schipper	26,994

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<input checked="" type="checkbox"/> Firm or Individual Name	LAW OFFICE OF JOHN SCHIPPER				
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Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Mridul K. Pal
Signature	<i>Mridul Kuman Pal.</i>
Date	11-05-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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